Applied For

Fee Required \$5.00 May Be

Added to Fees

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

NEYREY, CARROLL J

295 ORANGE ST



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000077809

CARROLL J. NEYRE	Y CONSTRUCTION (
Principal Place of Business		lailing Address		1 (DE 1105) 10 1919) 1011; DEC11 CETAL CET
295 ORANGE ST OZONA FL 34660) BOX 937 RYSTAL BEACH FL 34681	1	DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualifed 09/02/1998
2. Principal Place of Business	2a 26	. Mailing Address		59 - 3536780
Suite, Apt. #, etc.	27	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8
City & State	28	City & State		6. Election Campaign Financing Trust Fund Contribution
Zip 24 25	Country	Zip	Country 30	This corporation owes the current year Intangible Personal Property Tax.
	d Address of Current Regi	stered Agent		10. Name and Address of New Registered Agen

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90085 037 ***158.75



Street Address (P.O. Box Number is Not Acceptable)

OZONA FL 34660			83						
			84	City		FL	85	Zip Co	ode
office or re	o the provisions of Sections 607.0502 and 607. gistered agent, or both, in the State of Florida. S n familiar with, and accept the obligations of, Se	Such change was au	ithorized by	the corporatio	oration submits this statement for the purp in's board of directors. I hereby accept the	ose of c	hangin Iment a	g its re is regi:	egistered stered
SIGNATURE _	Signature, typed or ponted name of registered agent and title if app	licable (NOTE:	Registered Age	t signature required	I when reinstating)	ATE			
12.	OFFICERS AND DIRECTO		13.		ADDITIONS/CHANGES TO OFFICE	RS AND	DIRE	CTOR	S IN 12
TITLE	DIRECTOR	☐ DELETE	1,1 TITLE				Cha	nge	Addition
NAME	CARROLL J NETRE	. Y	1.2 NAME						
STREET ADDRESS	CAPPOLL I NEMPLE 2950RAVLUST		1.3 STREE	ADDRESS					
CITY-ST-ZIP	020NA, FL 39660		1.4 CITY-S	T-ZIP					
TITLE	DIRUCTOR	☐ DELETE	2.1 TITLE				Cha	nge	☐ Addition
NAME	ANN W. NETREY		2.2 NAME						
STREET ADDRESS	205 20001-657		2.3 STREE	TADORESS					
CITY-ST-ZIP	2950 RANLEST 020 NA FL 34660		2. 4 CITY-5	ST-ZIP			_		
TITLE		DELETE	3.1 TITLE				☐ Cha	nge	☐ Addition
NAME			3.2 NAME						
STREET ADDRESS			3.3 STREE	T ADDRESS					
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE	- "			Cha	inge	Addition Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	T ADDRESS					
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	5.1 TITLE			,	Cha	inge	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					
CITY-ST-ZIP			5.4 CITY-S	T-ZIP					
TITLE		☐ DELETE	6.1 TITLE				Cha	inge	☐ Addition
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	TADORESS					
CITY-ST-ZIP			6.4 CITY-S		Section 119.07(3)(i), Florida Statutes. I fur				

82

officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: